

Sub-Strategy Detail
COMMUNITY PRIMARY CARE

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:
501	Texas Department of Health		3	04-02-01
GOAL:	04			
OBJECTIVE:	02			
STRATEGY:	01 Community Health Services			
SUB-STRATEGY:	01 Community Primary Care			
		EXPENDED	EXPENDED	BUDGETED
CODE DESCRIPTION		FY 2000	FY 2001	FY 2002
OBJECTS OF EXPENSE:				
1001 Salaries and Wages		1,712,835	1,727,720	1,872,255
1002 Other Personnel Costs		6,642	29,776	728
2000 Operating Costs		361,878	365,832	408,168
3000 Client Services		352,236	847,566	484,071
4000 Grants		13,026,329	13,094,014	13,570,488
5000 Capital Expenditures		142,577	103,630	
TOTAL, OBJECTS OF EXPENSE		15,602,497	16,168,538	16,335,710
METHOD OF FINANCING:				
001 General Revenue		15,305,195	15,863,244	16,139,223
555 Federal Funds:				
CFDA #93.130, Primary Care Services - Resource Coordination		171,206	218,750	196,487
CFDA #93.991, Preventive Health and Health Services Block Grant		98,507	2,629	
Subtotal, Federal Funds		269,713	221,379	196,487
666 Appropriated Receipts		27,589	83,913	
TOTAL, METHOD OF FINANCING		15,602,497	16,168,536	16,335,710
FULL-TIME EQUIVALENT POSITIONS		48.3	45.6	49.2

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Sub-strategy Description and Justification:

The Community Oriented Public Health (COPH) philosophy sees communities as self-determining and empowers them to identify their needs and assets, set their priorities, develop health policies, and implement health related programs based on their own needs and capacities. Programs in the Bureau of Community Oriented Public Health support community strength by providing: - a framework on which communities can build; - information needed for decision making; - education, technical assistance and support; - limited resources for developing necessary services; - safeguards to ensure a philosophy of inclusiveness; and empowering communities with: - concepts to develop seamless funding for direct service delivery; - easily retrievable information sources relevant to the local level; - training and technical assistance in community development, planning, and accountability; and - marketing and promotion of public and community health.

External/Internal Factors Impacting Sub-strategy:

The federal government's current philosophy in the management of health care programs increases responsibility and flexibility at the state level in order to meet community and public health goals.

The TDH Strategic Directions, 1) Community Based Solutions; 2) Emphasis on Prevention; 2) Focus on Outcomes; and 4) TDH State Leadership support the COPH philosophy of "communities taking ownership for health." Within these strategic directions, COPH will move from direct service delivery toward supporting communities as they intervene in those and health indicators, develop interventions based on their assessments, and continually evaluate their communities' progress in becoming healthier.

Success in this endeavor will require a paradigm-shift from state-driven programs to community- driven programs that will allow for time-phased re-allocation and redirection of financial and staff resources.